

Mike Chaney  
Commissioner of Insurance



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Jackson, MS 39205

STATE OF MISSISSIPPI  
Mississippi Insurance Department  
[www.mid.ms.gov](http://www.mid.ms.gov)

## Individual Voluntary Surrender Form

Resident       Non-Resident

**INSTRUCTIONS:** All areas of this form that relate to the individual (producer/adjuster) must be complete. WE MUST HAVE A PHYSICAL ADDRESS FOR THE RESIDENCE. Use a separate form for each license type. The form must be legible or it will not be processed. **This form may be faxed @ 601-359-1951, scanned and emailed to [licensing@mid.ms.gov](mailto:licensing@mid.ms.gov), or mailed to Mississippi Insurance Department, P. O. Box 79, Jackson, Mississippi 39205.**

**No Fee: \$0.00**

**INDIVIDUAL: PRODUCER/ADJUSTER**

Current Name (Please print name as it appears on MS license) \_\_\_\_\_

MS license # \_\_\_\_\_ NPN# \_\_\_\_\_

License Type \_\_\_\_\_

**Reason for surrendering:** \_\_\_\_\_

\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_

***Please accept this as my request to voluntarily surrender my Mississippi producer/adjuster license. I understand I am no longer authorized to transact insurance under the license stated above.***

Print name of Licensee \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

7/2015